P98000007859

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

000002397450--4; -01/12/98--01125--018 ******70.00 ******70.00;

		# t. alsade of the Ali	10.00 *	医野洋牛牛
	orren Art Studios, Ltd.			
(1	Proposed corporate name - must include s	suffix)		
			20	} Ž
			8 -	200 200
Enclosed is an original for:	and one (1) copy of the articles of	incorporation and a check	98 JAN 26	经
.∪ .	\$78.75 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
<u> </u>	□ \$78.75 □ \$122.50	\$131.25	PH 2: 30	YOF STATE
			Ü	
			30	SF.
	:			
FROM:	_Spina, McGuire & Okal, P.C.	<u>*</u>		
	Name (printed or typed)			
	7610 West North Avenue			
	Address			
	Elmwood Park, IL 60707			
	City, State & Zip	And the Annual Control of the Annual Control		
	708-453-2800	1 /		
	Daytime Telephone number	—— <i>y</i>		
•	machine	eonly.	24	
		•		

W98-917

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 14, 1998

SPINA, MCGUIRE & OKAL, P.C. 7610 WEST NORTH AVE ELMWOOD PARK, IL 60707

SUBJECT: JOE SORREN ART STUDIOS, LTD.

Ref. Number: W98000000917

We have received your document for JOE SORREN ART STUDIOS, LTD. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

THE ONLY WAY TO USE LIMITED IS FOR THE CORPORATION NAME TO BE: JOE SORREN ART STUDIOS LIMITED INC.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6926.

Tracy Meyer Document Specialist

Letter Number: 598A00002086

ARTICLES OF INCORPORATION



The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

JOE SORREN ART STUDIOS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3101 N.E. 36th Street Lighthouse Point, FL 33064

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Vincent F. Sorren 3101 N.E. 36th Street Lighthouse Point, FL 33064

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Nancy M. Okal 7610 West North Avenue Elmwood Park, IL 60707

6th	day of	January	, 19 <u>_08</u> .
te,	1	•	
No	us Mula	l	
	0	Signature	
		Signature	

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is	s: Joe Sorren Art Stud	lios, Inc.					
			밀				
2. The name and address of the Vincent F. Sorr		ice is:	SECRETARY OF SAME SECRETARY CONFORM				
'	(Name)		2: 30				
3101 N.E. 36th	Street	<u> </u>					
(P.O. Box not acceptable)							
Lighthouse Poin	t, FL 33064	-	-				
(City/State/Zip)							

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Wincent Sorren
(Signature)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL